

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		1				
5						
6						
7						
8						
9						
10		1				
11	X					
12		1				
13						
14		1				
15						
16		1				
17	X					
18		1				
19						
20						
21		1				
22		1				
23		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	12					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								